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ABSTRACT

To ensure that the new physical therapist assistant (PTA) curriculum at Allegany Community College (Maryland) met current professional needs, a survey was undertaken of establishments likely to employ PTAs. An employer needs questionnaire was returned by 272 establishments (of 1,250 surveyed). Findings indicated that more than half of the respondents were hospitals or private practice. The typical respondent had 10 employees, of whom 1 was a PTA. Nearly 4 in 10 respondents did not hire PTAs. Hospitals were more frequent users of PTAs in the skill areas covered by the survey than were other facilities. Each of the general skill areas surveyed was performed frequently by PTAs. Patient documentation and recognizing indications/contraindications were performed most often. PTAs needed to have a good command of medical terms and anatomy. PTAs were frequently called upon to assist patients in recognizing/practicing proper gait patterns and using assistive devices. They were also called upon to perform a variety of exercise techniques. With the exception of volume measurements, PTAs were actively used in measuring patient functions. The generally nontechnical areas of practice listed on the survey were among the most frequently needed PTA skills. In response to open-ended questions, respondents offered suggestions for additional skills and improvement of clinical training; reiterated the importance of communication and interpersonal skills. (The survey and responses to open-ended questions are appended.) (YLB)

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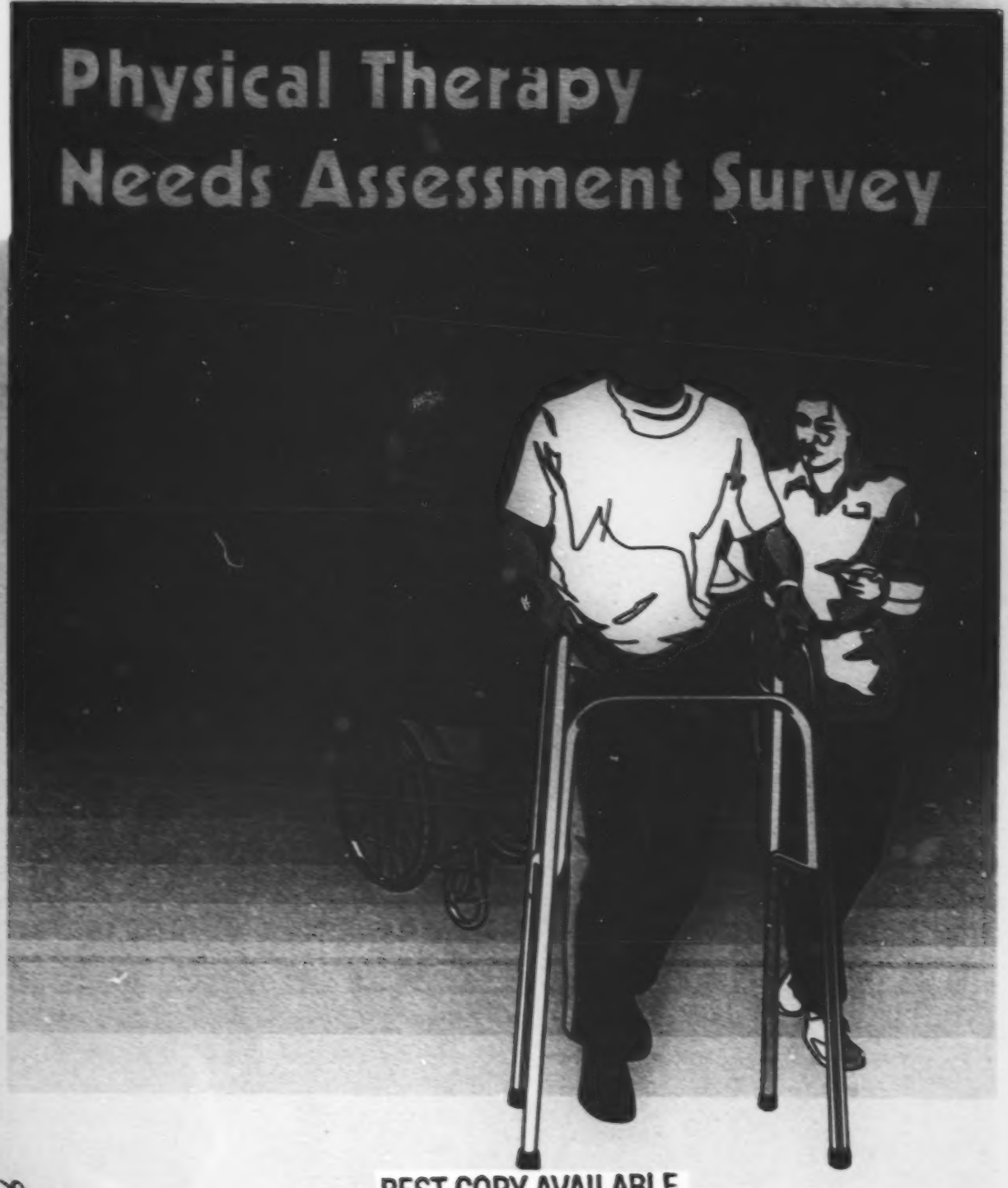
ED 399 440

Physical Therapy Needs Assessment Survey



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PHYSICAL THERAPY NEEDS ASSESSMENT SURVEY

Allegany Community College
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August 1995

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1.0 History, function, and growth of the PTA profession

Physical Therapy is a profession with a long history, an exciting present, and an unlimited future. Physical Therapists (PTs) are concerned with the restoration of patient function and movement, and the control of pain. This involves working with a variety of dysfunctional states, including strokes, birth defects, burns, wounds, muscle pulls, broken bones, and many other diagnoses and infirmities. The patient population ranges from the very young to the elderly—literally the entire population. Physical Therapists are employed by home health care, hospitals, schools, nursing homes, private out-patient clinics, emergency care centers—the list is a long one. Some of these employment opportunities may be managed or even owned by a Physical Therapist.

Physical Therapist Assistants provide patient care and treatment under the supervision of a Physical Therapist. Treatment programs devised by the Physical Therapist are administered by the Physical Therapist Assistant. These include the application of various modalities for the control of pain, instruction in the use of a wide variety of adaptive equipment to help overcome infirmity, patient and family education in the safe performance of activities of daily living, the administration of many different therapeutic exercise protocols, and the utilization of skills assisting debilitated patients to move, walk, or transfer safely. Such abilities, knowledge, and skills require many hours of theory and practice to acquire proficiency. The Physical Therapist Assistant is a highly trained part of the health care team.

Nationally, the U.S. Bureau of Labor Statistics projects a 64% increase in the need for this health care worker through the year 2005 (U.S. Bureau of Labor Statistics 1992. Occupational Outlook Quarterly, Washington, DC: GPO). The January 1992 issue of the Maryland Monthly Labor Review estimated a 73.6% increase in the need for PTAs over this same period in the State of Maryland. And a recent survey of providers conducted by ACC indicates the need for as many as seventeen (17) local PTA positions within a one-year period.

2.0 Allegany Community College's PTA Curriculum

Allegany Community College is accredited by the Middle States Association of Colleges and Schools and by the Maryland Higher Education Commission. Upon completion of the Physical Therapist Assistant Program, the College is empowered by the Maryland Higher Education Commission to confer the degree of Associate in Applied Sciences upon its graduates, which then allows them to sit for a state licensing exam. Not until successful completion of this examination can one work as a Physical Therapist Assistant. A few select programs like Barry University in Miami, Florida, now offer Physical Therapy programs especially for PTAs, but the PTA program at ACC does not articulate with or guarantee entry into a Physical Therapy program.

The A.C.C. PTA program is a "1+ 1 program." This design offers students the opportunity to complete the College General Education curriculum (Phase I) at their own pace, and then progress to the highly specialized clinical phase of the Physical Therapist Assistant program. It allows the high school graduate time to acquire familiarity with college level coursework and the non-traditional student the possibility of accommodating outside commitments. It also affords regional students the opportunity to complete Pre-PTA requirements at articulating institutions without the need to relocate. There is, however, a recommended five (5) year time limit for the Pre-PTA portion of the program, which is mandatory for Biology coursework requirements, unless otherwise waived by the Program Director. Upon successful completion, the students are eligible to apply for Phase II, the clinical phase of the program.

Phase II of the program is composed entirely of physical therapy coursework and must be taken at Allegany Community College. This is an intense course of study over a period of close to twelve months and includes two semesters and two summer sessions to complete. Travel is required to clinical sites and a full-time clinical placement occurs the last term. Graduates receive an Associate in Applied Sciences degree and are eligible for state licensure exams.

3.0 Survey Purpose and Research Design

In order to ensure that the new PTA curriculum at ACC meets current professional needs, the PTA program in cooperation with the Office of Institutional Analysis and Planning at ACC undertook a survey of establishments likely to employ PTAs. The survey contact list was obtained from the Maryland chapter of the American Physical Therapy Association (APTA) and consisted of 1,250 names and addresses. In late May, these individuals were mailed a cover letter which explained the purpose and nature of the survey, an employer needs questionnaire, and stamped, self-addressed envelope (see Appendix A). There was no additional mail or telephone follow-up. Two-hundred and seventy-two (272) establishments responded to the survey and two surveys could not be delivered by the Post Office, resulting in a response rate of 22%. This response rate is fairly typical of surveys in which only one mailing is conducted.

The questionnaire consisted of basically two parts. The first portion of the questionnaire asked respondents to describe facility characteristics (e.g., type, size, and age of facility) that might help explain how often PTAs are needed or used in several different skill areas. It was hypothesized that hospitals would require a greater range of PTA skills than specialty clinics, that larger facilities would desire more than smaller facilities, and that newer facilities would need more than older facilities. Respondents were also asked to evaluate the importance of numerous skills areas grouped into several categories for current PTA practice. These areas were drawn from a 1987 survey with the same purpose (Eargle, Linda. 1987. The PTA of 1987: Twenty Year of Participation in Physical Therapy Services. Greenville Community College). The skill categories include: (1) General, a section concerned with general and miscellaneous areas of practice, such as physiological/medical knowledge and patient documentation and evaluation skills, (2) Ambulation/ADL, a section that deals with assisting patients to gain greater independence walking and performing Activities of Daily Living (ADL) such as bathing, dressing, and eating, (3) Exercise Techniques, a section addressing types of continuous and intermittent therapeutic exercises used to improve patient strength, reflexes and motor skills, (4) Physical Agents (also known as modalities), which are treatments requiring equipment or substances to reduce pain and improve patient motion, (5) measurements, a section which examines objective methods used to determine the extent of a patient's physical incapacity, (6) General Techniques, a section which describes general "hands-on" techniques for increasing circulation and mobility or reducing pain, (7) Miscellaneous Duties and Responsibilities, a section concerned with general professional skills (including clerical) needed to

operate in an office and clinical environment, and (8) Patient/Interaction, a section dealing with interpersonal and communication skills. In the final portion of the questionnaire, respondents were invited to offer open-ended comments about PTA needs and to make suggestions for improving the PTA program at ACC.

4.0 Characteristics of Respondents

The survey respondents represented a broad cross-section of professional settings (table 4.1). More than half of the respondents were hospitals or private practices. However, responses were also obtained (in order of frequency) from home health agencies, rehabilitation centers, extended care facilities, physician offices, specialty clinics, schools (K-12), and one residential care facility. No responses were obtained from voluntary health agencies or government agencies. "Other" responses include nursing home and geriatric clinics, colleges/universities, and sports clinics. Most of the respondents were also smaller and relatively new establishments (see tables 4.2 and 4.5.). The typical respondent has ten employees and a ten year old facility. Of these ten employees, four and one-half are typically Physical Therapists and one is a PTA. Nearly four in ten respondents do not employ PTAs, though some of the respondents indicated that they would like to hire a PTA. The inavailablity of licensed PTAs in the state and region was cited by some respondents as a reason for not employing PTAs (see section 6.0, "Responses to Open-ended Questions").

As one might anticipate, the nature, size, and age of the facility has an important bearing on the type of services delivered. Hospitals, because of the wide range of patient conditions encountered, must be prepared to offer a greater variety of services. Other categories offer specialty services that may not be covered by the survey. This is confirmed by figure 4.1, which shows the mean rating obtained for each facility type. "Mean rating" refers to the average frequency on a scale of 1 ("never") to 5 ("always") that PTAs are needed to perform in survey skill areas. On average, hospitals were more frequent users of PTAs in the skill areas covered by the survey than other facilities. The least frequent users of PTAs are industrial clinics. PTA use also varies by size and age of the facility, with larger facilities and newer facilities more likely to employ PTAs in the areas surveyed than smaller and older facilities.

Figure 4.1 Frequency of PTA Use by Facility Type.

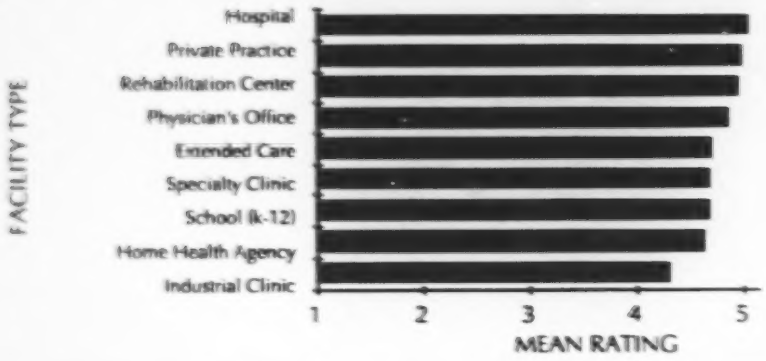

Table 4.1 Type of facility or institution, percent of total respondents (n=268).

Type of facility/institution	
Hospital	22 %
Extended Care	6 %
Physician's Office	4 %
Specialty Clinic	2 %
School	2 %
Industrial Clinic	2 %
Rehabilitation Center	7 %
Private Practice	38 %
Voluntary Health Agency	0 %
Home Health Agency	8 %
Residential Care Facility	0 %
Governmental Agency	0 %
Other	9 %
Total	100 %

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

Table 4.2 Number of employees at facility, percent of total respondents (n=208).

0-9	37 %
10-99	45 %
100-249	6 %
250-999	5 %
1000-4999	5 %
5000+	2 %
Total	100 %

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

Table 4.3 Number of Physical Therapists at facility, percent of total respondents (n=252).

0	1 %
1-4	49 %
5-9	23 %
10-19	17 %
20-29	6 %
30+	4 %
Total	100 %

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

Table 4.4 Number of Physical Therapist Assistants at facility, percent of total respondents (n=255).

Number of PTAs	
0	39 %
1	26 %
2	17 %
3	8 %
4	5 %
5-9	3 %
10+	2 %
Total	100 %

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

Table 4.5 Age of facility, percent of total respondents (n=238).

Less than one	2 %
1-4	20 %
5-9	22 %
10-19	26 %
20-29	14 %
30-49	8 %
50+	8 %

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

5.0 Knowledge and Skill Needs

Tables 5.1-5.8 show the responses of survey participants to the questions divided into the various skill categories. Appendix B shows the entire list without reference to the categories. The responses are ranked by the mean rating (the response on the scale of 1 (never) to 5 (always) given by the average respondent) in order to convey the frequency with which each skill/area of knowledge is needed by the average employer. This presentation is not meant to imply that the lower ranked skills are of less importance than higher ranked skills in every setting. The rankings for specialty areas can and often do differ from those of the average physical therapy establishment. For instance, knowledge of orthotics/prosthetics is ranked relatively low among the general skills listed in table 5.1. However, rehabilitation centers rank this area of knowledge higher. Still, in designing a curriculum that is transferable to the widest variety of physical therapy settings and that can be completed within a one year training period, the program will place more emphasis on the areas most frequently performed by PTAs. More specialized training is often provided by the establishments themselves.

Table 5.1 shows that each of the general skill areas are performed frequently by PTAs. Patient documentation and recognizing indications/contraindications are performed most often. In addition, PTAs need to have a good command of medical terms and anatomy. One respondent writes that one of the biggest problems with new PTAs is an incomplete grasp of anatomy. Although PTAs are often needed to "inform PT of re-evaluation need" and "progress patient as needed," several respondents noted that this latter action must only be taken under direct supervision and in accordance with state licensure laws. PTAs are expected to be familiar with the physiological effects of treatment and to be able to understand a diagnosis but are only "sometimes" needed to have a wider understanding of drug effects and work with orthotics or prosthetics.

Table 5.1 General,
percent of total respondents and mean rating.

	(5) Always	(4) Often	(3) Sometimes	(2) Seldom	(1) Never	NA	Number	Mean Rating
patient documentation	92	5	1	0	0	2	248	4.94
indications/contraindications	88	8	2	0	0	2	249	4.87
medical terms	83	14	1	0	0	2	248	4.83
anatomy	79	17	2	0	0	2	250	4.79
inform PT of re-evaluation need	80	12	3	2	1	3	250	4.74
progress patient as needed	67	23	5	1	1	3	248	4.61
physiological effects of Rx	69	21	6	2	0	2	250	4.61
diagnosis	64	24	8	2	0	2	250	4.52
drug effects	17	36	37	8	0	2	250	3.64
orthotics/prosthetics	17	28	36	14	1	4	249	3.46

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

Survey participants were asked to rate the importance of assisting patients ambulate and perform average daily living tasks in ten areas. The responses in table 5.2 show that PTAs are frequently called upon to assist patients in recognizing/ practicing proper gait patterns and using assistive devices such as walkers, crutches, and canes. They are also used for safety training, training on different surfaces, and transfers. PTAs are less likely to be employed assisting amputees in using devices or prosthetics.

Table 5.2 Ambulation/ADL,
percent of total respondents and mean rating.

	(5) Always	(4) Often	(3) Sometimes	(2) Seldom	(1) Never	NA	Number	Mean Rating
use proper gait patterns	70	22	6	0	0	3	249	4.65
use appropriate assistive devices	72	17	6	2	0	3	250	4.64
train in safety	72	10	9	5	1	3	250	4.51
progress patient as indicated in gait	56	30	9	2	0	3	250	4.42
train on level/unlevel surfaces	58	20	12	5	1	3	250	4.34
recognize gait deviations	45	38	12	2	0	3	250	4.29
train in transfers	64	11	7	11	3	4	250	4.29
progress in ADL as indicated	37	25	19	9	2	7	250	3.92
use assistive devices for amputees	17	14	31	20	10	9	250	3.09
train in pre/post prosthetics	14	14	32	22	9	9	250	3.03

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

PTAs are called upon to perform a variety of exercise techniques. These include (in order of frequency) AAROM, AROM, PRE, and PROM as well as isometric, isotonic, coordination, proprioceptive, and back flex/extension exercises. They "sometimes" are needed to perform isokinetic, breathing, PNF, relaxation, and NDT exercises, but "seldom" enlisted to perform Brunstrom, Rood, or pre-natal/post-partum exercises.

Table 5.3 Exercise Techniques, percent of total respondents and mean rating.

	(5) Always	(4) Often	(3) Sometimes	(2) Seldom	(1) Never	NA	Number	Mean Rating
AAROM	71	22	4	1	0	2	247	4.65
AROM	77	19	1	1	0	2	248	4.76
PRE	74	18	4	1	0	3	249	4.71
PROM	63	27	4	2	1	3	248	4.53
isometric	52	34	10	1	0	3	250	4.40
isotonic	54	31	8	2	1	4	249	4.40
coordination	41	38	15	3	1	2	250	4.19
proprioceptive	39	36	19	3	0	3	249	4.15
back flex/extension exercises	48	23	14	10	1	4	250	4.13
isokinetic	33	26	18	6	10	7	247	3.71
breathing exercises	22	22	37	12	4	3	248	3.47
PNF	14	26	47	9	1	3	245	3.43
relaxation exercises	15	25	38	15	4	3	247	3.32
NDT	9	20	36	20	7	8	243	3.04
Brunstrom	3	12	27	33	13	12	236	2.55
Rood	3	6	27	33	18	13	238	2.36
pre-natal/post-partum exercises	3	4	17	26	27	24	248	2.09

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

PTAs still often use traditional methods, such as cold and hot packs for reducing pain and assisting movement. However, this practice is changing because of insurance reimbursement policies which favor other modalities and the ready availability of "high technology" alternatives. Ultrasound and electric stimulation are often used by PTAs, though diathermy, and ultraviolent have fallen out of favor, and lasers have not come into widespread use.

Table 5.4 Physical Agents, percent of total respondents and mean rating.

	(5) Always	(4) Often	(3) Some-times	(2) Seldom	(1) Never	NA	Number	Mean Rating
cold/hot packs	57	24	9	3	2	5	248	4.38
ultrasound	51	20	16	4	3	6	248	4.19
electric stimulation	48	19	18	6	5	5	247	4.05
TNS	36	23	23	7	5	6	248	3.84
hydrotherapy	37	20	17	9	10	9	246	3.71
spinal traction	39	15	15	7	15	10	247	3.61
Iontophroisis	26	17	19	12	15	10	247	3.32
paraffin	26	6	27	20	11	10	246	3.19
compressions	16	13	20	18	17	16	234	2.93
CPM	14	10	28	11	19	18	245	2.86
biofeedback	9	14	21	19	20	17	246	2.67
diathermy	4	2	4	10	50	31	246	1.54
ultraviolet	3	1	3	10	51	32	245	1.44
laser	2	3	2	6	53	34	244	1.38

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

With the exception of volume measurements, PTAs are actively used in measuring patient functions (see table 5.5). They are also expected to perform several hands-on techniques (see table 5.6), such as massage and to a lesser extent mobilization/ manipulation, myofacial release, and wound care. Spray and stretch, however, is employed only "sometimes."

Table 5.5 Measurements, percent of total respondents and mean score.

	(5) Always	(4) Often	(3) Sometimes	(2) Seldom	(1) Never	NA	Number	Mean Rating
goniometry measurements	52	30	12	2	1	3	248	4.34
monitor vital signs	47	23	15	9	2	4	247	4.11
determine muscle function	39	29	20	4	4	4	247	3.99
girth measurements	39	23	24	9	2	3	247	3.92
volume measurements	15	8	17	26	22	12	243	2.63

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

Table 5.6 General Techniques,
percent of total respondents and mean score.

	(5) Always	(4) Often	(3) Sometimes	(2) Seldom	(1) Never	NA	Number	Mean Rating
massage	44	21	25	6	1	3	248	4.03
mobilization/manipulation	26	30	23	9	8	4	246	3.60
myofacial release	22	25	29	12	8	4	247	3.40
wound care	25	19	19	19	10	8	248	3.33
spray & stretch	15	15	23	24	17	6	248	2.86

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

The generally non-technical areas of practice listed in tables 5.7 and 5.8 are among the most frequently needed PTA skills. PTAs are expected to display sound ethics, maintain licensure, adapt to change, and continue their licensure, education, and professional affiliations. PTAs are also expected to be good communicators and to have strong interpersonal skills. Indeed, several respondents indicated that sensitivity and communication skills are among the most important aspects of professional practice.

Table 5.7 Miscellaneous Duties & Responsibilities
percent of total respondents and mean rating.

	(5) Always	(4) Often	(3) Sometimes	(2) Seldom	(1) Never	NA	Number	Mean Rating
display sound ethics	93	3	0	0	1	3	245	4.93
maintain licensure	95	2	0	0	0	3	246	4.92
maintain flexibility to change	77	20	1	0	0	2	245	4.81
promote safety	82	11	3	1	0	3	245	4.80
continue education	78	17	2	0	0	3	246	4.77
promote the profession	77	18	2	0	0	3	245	4.72
deal with conflict	59	19	18	2	0	2	246	4.42
follow emergency procedures	62	10	16	8	1	3	245	4.30
keep up with advances in PT	45	20	25	3	1	6	243	4.11
patient scheduling	45	24	19	6	3	3	246	4.04
associate with professional organization								
in-services	30	25	29	9	2	5	244	3.75
quality assurance	30	26	26	8	5	5	244	3.68
supervise supportive personnel	26	24	24	8	10	8	246	3.51
clean/sterilize PT equipment	26	17	23	16	12	6	243	3.29
record statistical data	19	22	23	18	10	8	242	3.24
assist in student education	13	18	32	12	11	14	241	3.11

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

Table 5.8 Patient/Therapist Interaction, percent of total respondents and mean rating.

	(5) Always	(4) Often	(3) Sometimes	(2) Seldom	(1) Never	NA	Number	Mean Rating
use appropriate language	89	9	0	0	0	2	246	4.90
use good body language	89	9	0	0	0	2	246	4.90
establish rapport	85	10	2	0	0	3	246	4.86
provide motivation	84	13	1	0	0	2	246	4.86
provide home program	67	23	5	1	1	3	246	4.61
develop rapport w/ other disciplines	70	15	7	4	1	3	246	4.56
interpret pertinent patient info	57	27	10	2	1	3	245	4.42
assess patient/family emotions	52	29	12	4	0	3	246	4.32
provide discharge planning info	49	28	13	3	2	5	246	4.25
inform family of progress	49	25	18	3	1	3	245	4.23
provide info on diagnosis	46	29	18	2	2	3	245	4.20
provide reports to other disciplines	47	23	18	5	3	4	244	4.11
discuss patient discharge plans with others	44	25	20	4	3	4	246	4.07
provide info on expanded programs	33	23	24	9	2	9	233	3.83

Source: Physical Therapy Needs Assessment, 1995 (Office of Institutional Research and Planning, Allegany Community College).

6.0 Responses to Open-ended Questions

In questions #6 and #7 of the questionnaire, respondents were invited to offer comments about specific skills that they believe a PTA should have and to offer any additional suggestions for the program. Appendix C groups these responses into several general areas based on the nature of the response. Respondents are identified only by the order in which his/her completed questionnaire was received (e.g., #1 is the first respondent, #2 is the second respondent, and so on). Under the rubric of "Techniques" are suggestions that PTAs receive training in specific skills. These include skills covered in the questionnaire as well as many uncovered specialty skills. The second category labeled "Clinical Experience" contains suggestions for improving the clinical training of students. In "Communication and Documentation," respondents reiterate the importance of communication, documentation, and interpersonal skills needed by PTAs when working with patients and colleagues and describe specific areas where entering PTAs are sometimes weak. Other desirable PTA attributes are described in the category "Desirable PTA Qualities." These include independence, adaptability, maturity, analytical/reasoning ability, and, most importantly, time management (including the ability to work skillfully with multiple patients). Respondents recommend that "Reimbursement Issues" be addressed by the PTA program. These include reimbursement procedures for health insurance, as well as the legal and ethical issues involved in designing cost-effective treatment. In "Legal and Licensure Issues," PTAs are reminded to be cognizant of the division of responsibilities among different occupations in the medical profession and restrictions placed upon them by law. In the section labeled "PTA Limitations and Obstacles," respondents describe shortcomings of PTAs in the physical therapy profession and warn against potential saturation of the local and regional PTA labor markets. In "PTA Advantages and Opportunities," respondents describe the advantages offered by PTAs in physical therapy practice and describe job opportunities in the field. Responses which were difficult to categorize are listed in the final category "Miscellaneous." These consist mostly of best wishes for ACC's new PTA program.

APPENDIX A.
Survey Instrument and Cover Letter

PHYSICAL THERAPY NEEDS ASSESSMENT SURVEY

1. Which one of the following best describes your facility or institution? (Check the single best answer)

- ❑ Hospital
- ❑ Extended Care
- ❑ Physician's Office
- ❑ Specialty Clinic
- ❑ School (k-12)
- ❑ Industrial Clinic
- ❑ Rehabilitation Center
- ❑ Private Practice
- ❑ Voluntary Health Agency
- ❑ Home Health Agency
- ❑ Residential Care Facility
- ❑ Governmental Agency
- ❑ Other (Please describe _____)

2. How many employees do you have at this facility or institution? ____
   How many employees are Physical Therapists (PT's)? ____
   How many employees are Physical Therapist Assistants (PTA's)? ____

3. How long has this facility been in existence? ____

4. In your work place it is necessary (5) always, (4) often, (3) sometimes, (2) seldom, (1) never, or (0) not applicable/don't know, that recent PTA graduates have a working knowledge of:

	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER	NA
General						
a. medical terms	5	4	3	2	1	0
b. anatomy	5	4	3	2	1	0
c. diagnosis	5	4	3	2	1	0
d. indications/contraindications	5	4	3	2	1	0
e. physiological effects of Rx	5	4	3	2	1	0
f. drug effects	5	4	3	2	1	0
g. orthotics/prosthetics	5	4	3	2	1	0
h. patient documentation	5	4	3	2	1	0
i. inform PT of re-evaluation need	5	4	3	2	1	0
j. progress patient as needed	5	4	3	2	1	0

	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER	NA
Ambulation/ADL						
a. recognize gait deviations	5	4	3	2	1	0
b. use proper gait patterns	5	4	3	2	1	0
c. use appropriate assistive devices	5	4	3	2	1	0
d. progress patient as indicated in gait	5	4	3	2	1	0
e. train on level/unlevel surfaces	5	4	3	2	1	0
f. train in transfers	5	4	3	2	1	0
g. train in safety	5	4	3	2	1	0
i. train in pre/post prosthetics	5	4	3	2	1	0
j. use assistive devices for amputees	5	4	3	2	1	0
k. progress in ADL as indicated	5	4	3	2	1	0

Exercise Techniques						
a. NDT	5	4	3	2	1	0
b. PNF	5	4	3	2	1	0
c. Rood	5	4	3	2	1	0
d. Brunstrom	5	4	3	2	1	0
e. PROM	5	4	3	2	1	0
f. AAROM	5	4	3	2	1	0
g. AROM	5	4	3	2	1	0
h. PRE	5	4	3	2	1	0
i. breathing exercises	5	4	3	2	1	0
j. relaxation exercises	5	4	3	2	1	0
k. pre-natal/post-partum exercises	5	4	3	2	1	0
l. isokinetic	5	4	3	2	1	0
m. isometric	5	4	3	2	1	0
n. isotonic	5	4	3	2	1	0
o. coordination	5	4	3	2	1	0
p. proprioceptive	5	4	3	2	1	0
q. back flex/extension exercises	5	4	3	2	1	0

Physical Agents						
a. paraffin	5	4	3	2	1	0
b. ultrasound	5	4	3	2	1	0
c. cold/hot packs	5	4	3	2	1	0
d. diathermy	5	4	3	2	1	0
e. ultraviolet	5	4	3	2	1	0
f. laser	5	4	3	2	1	0
g. hydrotherapy	5	4	3	2	1	0
h. spinal traction	5	4	3	2	1	0
i. compressions	5	4	3	2	1	0
j. electric stimulation	5	4	3	2	1	0
k. biofeedback	5	4	3	2	1	0
l. CPM	5	4	3	2	1	0
m. Iontophroisis	5	4	3	2	1	0
n. TNS	5	4	3	2	1	0

	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER	NA
Measurements						
a. determine muscle function	5	4	3	2	1	0
b. goniometry measurements	5	4	3	2	1	0
c. girth measurements	5	4	3	2	1	0
d. volume measurements	5	4	3	2	1	0
e. monitor vital signs	5	4	3	2	1	0

	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER	NA
General Techniques						
a. massage	5	4	3	2	1	0
b. mobilization/manipulation	5	4	3	2	1	0
c. myofacial release	5	4	3	2	1	0
d. spray & stretch	5	4	3	2	1	0
e. wound care	5	4	3	2	1	0

Miscellaneous Duties & Responsibilities						
a. patient scheduling	5	4	3	2	1	0
b. in-services	5	4	3	2	1	0
c. quality assurance	5	4	3	2	1	0
d. supervise supportive personnel	5	4	3	2	1	0
e. assist in student education	5	4	3	2	1	0
f. record statistical data	5	4	3	2	1	0
g. follow emergency procedures	5	4	3	2	1	0
h. promote safety	5	4	3	2	1	0
i. clean sterilize physical therapy equipment	5	4	3	2	1	0
j. display sound ethics	5	4	3	2	1	0
k. maintain licensure	5	4	3	2	1	0
l. deal with conflict	5	4	3	2	1	0
m. maintain flexibility to change	5	4	3	2	1	0
n. promote the profession	5	4	3	2	1	0
o. continue education	5	4	3	2	1	0
p. keep up with advances in physical therapy	5	4	3	2	1	0
q. associate with professional organization	5	4	3	2	1	0

Patient/Therapist Interaction						
a. assess patient/family emotions	5	4	3	2	1	0
b. establish rapport	5	4	3	2	1	0
c. use appropriate language	5	4	3	2	1	0
d. use good body language	5	4	3	2	1	0
e. provide info on diagnosis	5	4	3	2	1	0
f. provide motivation	5	4	3	2	1	0
g. provide home program	5	4	3	2	1	0
h. inform family of progress	5	4	3	2	1	0
i. provide discharge planning info	5	4	3	2	1	0
j. interpret pertinent patient info	5	4	3	2	1	0
k. develop rapport with other disciplines	5	4	3	2	1	0
l. provide reports to other disciplines	5	4	3	2	1	0
m. provide info on expanded programs	5	4	3	2	1	0
n. discuss patient discharge plans with others	5	4	3	2	1	0

5. Please describe any specific skills not covered above that you feel a person should have as an entry level PTA at your facility.

_____

_____

_____

_____

_____

6. This survey is intended to aid Allegany Community College's Physical Therapist Assistant Program in preparing the students to meet present entry level employer expectations. Your assistance in completing this form is greatly appreciated. Any additional remarks, suggestions or additions are encouraged.

_____

_____

_____

_____

_____

_____

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ALLEGANY COMMUNITY COLLEGE • WILLOWBROOK ROAD • CUMBERLAND, MARYLAND 21502-2596

OFFICE OF
INSTITUTIONAL RESEARCH
AND PLANNING
(301) 724-7700

May 3, 1995

Dear Sir or Madam:

In June 1995 Allegany Community College will begin an Associate in Applied Science degree program which provides students with the skills and knowledge necessary to become Physical Therapist Assistants. In order to ensure that our new curriculum meets contemporary professional needs, we ask that you share your time and knowledge by completing the enclosed questionnaire. This questionnaire surveys all aspects of a well-rounded Physical Therapist Assistant curriculum and asks you to rate the importance of various skills and competencies in your workplace.

We hope that you will complete the questionnaire and return it in the enclosed postage paid envelope. Participation is voluntary. Therefore, if you do not wish to be contacted, please reply as such and return the message in the enclosed envelope.

We believe that our study is worth your time and effort. We can provide Allegany Community College and the Physical Therapy profession with potentially valuable information. Moreover, we can ensure that our future graduates have the skills needed to be effective Physical Therapist Assistants. This benefits not only employers, but supervisors, fellow workers, and patients as well.

Please note that the survey questions refer to your site in Maryland. We understand that employers do not always keep exact record of all of their activities. If you do not have adequate information on a particular item, please feel free either to omit it or provide your best estimate.

Please be assured that each questionnaire will be kept strictly confidential. The information that we will release will be in summary form only. Your firm or agency cannot be connected with any responses in this questionnaire.

I thank you in advance for your assistance and consideration.

Sincerely,

Terry Rephann
Institutional Research Officer

Enclosures

Appendix B. Areas of Knowledge by Mean Rating

Areas of Knowledge	Mean Rating
patient documentation	4.94
display sound ethics	4.93
maintain licensure	4.92
use appropriate language	4.90
use good body language	4.90
indications/contraindications	4.87
provide motivation	4.86
establish rapport	4.86
medical terms	4.83
maintain flexibility to change	4.81
promote safety	4.80
continue education	4.79
anatomy	4.79
keep up with advances in PT	4.77
AROM	4.76
inform PT of re-evaluation need	4.74
promote the profession	4.72
PRE	4.71
AAROM	4.65
use proper gait patterns	4.65
use appropriate assistive devices	4.64
provide home program	4.61
physiological effects of Rx	4.61
progress patient as needed	4.61
develop rapport with other disciplines	4.56
PROM	4.53
diagnosis	4.52
train in safety	4.51
interpret pertinent patient info	4.42
deal with conflict	4.42
progress patient as indicated in gait training	4.42
isotonic	4.40
isometric	4.40
cold/hot packs	4.38
goniometry measurements	4.34
train on level/unlevel surfaces	4.34
assess patient/family emotions	4.32
follow emergency procedures	4.30
recognize gait deviations	4.29
train in transfers	4.29
provide discharge planning info	4.25
inform family of progress	4.23
provide info on diagnosis	4.20
ultrasound	4.19
coordination	4.19
proprioceptive	4.15
back flex/extension exercises	4.13
associate with professional organizations	4.11
monitor vital signs	4.11
provide reports to other disciplines	4.11
discuss patient discharge plans with others	4.07
electric stimulation	4.05
patient scheduling	4.04
massage	4.03
determine muscle function	3.99
girth measurements	3.92
progress in ADL as indicated	3.92
TNS	3.84
provide info on expanded programs	3.83
in-services	3.75
hydrotherapy	3.71
isokinetic	3.71
quality assurance	3.68
drug effects	3.64
spinal traction	3.61
mobilization/manipulation	3.60
supervise supportive personnel	3.51
breathing exercises	3.47
orthotics/prosthetics	3.46
PNF	3.43
myofacial release	3.40
wound care	3.33
Iontophoresis	3.32
relaxation exercises	3.32
clean/sterilize PT equipment	3.29
record statistical data	3.24
paraffin	3.19
assist in student education	3.11
use assistive devices for amputees	3.09
NDT	3.04
train in pre/post prosthetics	3.03
compressions	2.93
spray & stretch	2.86
CPM	2.86
biofeedback	2.67
volume measurements	2.63
Brunstrom	2.55
Rood	2.36
pre-natal/post-partum exercises	2.09
diathermy	1.54
ultraviolet	1.44
laser	1.38

Appendix C. Open-ended Comments.

Techniques

#6: Good knowledge of exercises, able to relate well to people, able to ambulate with patients and correct gait deviations, ROM, able to apply any modalities.

#17: Upper extremity splinting knowledge.

#35: Since we have not employed PTAs, I do not have a good basis to judge what it is that current PTAs are strong and/or weak in. However, I believe that most of the items mentioned should at least be introduced to them in their curriculum. The basics in measurements and treatment should be emphasized, along with good PT-PTA, PTA-outpatient, and PTA-other professional communication. If your program intends to cover all the items mentioned, you with certainty have done a thorough job!!

#39: In our clinic I have found that we rely heavily on PTAs for the following: 1) Accurate and efficient goniometric and girth measurements (it is a good idea to time students taking measurements to promote efficiency as well as confidence). 2) Please emphasize maintenance of documentation including how to obtain a functional subjective. 3) PTAs need to have sound understanding of physiological effects of modalities and proper implementation accordingly. 4) It is also important for PTAs to understand the average progression of patient's treatment program depending on their diagnosis.

#55: Some knowledge of McKenzie/Saunders Back School program. CPR.

#57: Since children with orthopedic/neurological handicaps are developmental—A good knowledge of normal motor development is important for young children's treatment. Also, knowledge of proper alignment for positioning in stander, adapted chairs, wedges, etc. is important. Also, knowledge of how to use tools—electric saw, drill, stapler, etc. in conjunction with knowledge of how to adapt equipment to promote good alignment.

#58: Gross motor and play activities.

#73: Exposure to typical protocols for various diagnoses. I was always told in PT school that we didn't need to worry about knowing protocols because each clinic does something different, and to some extent that is true; but it would have been much easier to at least have a foundation to start with.

#73: I teach in a PTA program at the community college level. The two things I have found most lacking is a good base in anatomy, and inconsistent experience levels, some students with no exposure to PT clinics.

#80: Gait training. Home experience. I have very little experience with PTAs.

#82: We also have a pool, and aquatic PT could be a nice addition to your teaching.

#83: Exposure to Work Hardening and Insurances.

#85: When I attended PTA school 1981-83, goniometry was not stressed enough. Also, although it is not "legal" in some states, I believe manual muscle testing should be integrated into a PTA program—especially with insurance companies wanting more objective documentation.

#85: It would be helpful if PTAs were familiar with protocols for surgical procedures such as ACL reconstructions and Bankert procedures.

#94: Balance retraining ("order" exercise techniques) is important for our inpatients and outpatients.

#97: Familiar with OB-GYN treatments; some knowledge of pregnancy and childbirth; knowledge of normal development and childhood disabilities.

#100: Early motor development of infants—normal and abnormal. Creative ways to make therapeutic/developmental skills into play, or part of family's pre-existing routines.

#103: Strong orthopedics knowledge.

#104: 1) Objective measurable documentation of patient status, progress and outcomes objective listing of treatments given. 2) Emphasis should be on geriatrics.

#105: Must have a working knowledge of neuro-motor development and some working knowledge of Pediatrics is helpful.

#124: Better manual therapy skills; good exercise understanding.

#139: Muscle energy techniques, CPR/EMS, scar mobilization, joint stretching, burn patient therapy.

#147: Specific protocols are following for patients recovering from surgery.

#154: We have our PTAs operate at a high level. We encourage continuing education, and development of manual skills for the private office.

#160: ICU intervention—knowledge of lines, monitors, tubes, etc.

#174: AMB with assist. devices with patient on IV pole, catheter, oxygen! Focus on jt MOBS—I got very little experience with it at BCCC.

#174: Overwhelming! Amounts of info. was given to us that I have never used. Stick to the basics. Treatment - Treatment - Treatment! For all types of Rx's.

#181: Endurance training, pulse oximetry, how to be comfortable (not panic) around a ventilator.

#185: Discharge planning such as what are the PT's options, i.e., NH, Home Aides, assisted living environments, rehab-acute/subacute, etc.

#186: Be familiar with THR precautions. Good knowledge of Joint Replacements—Hips & Knees.

#186: Keep up with the pace in Acute Care Setting.

#195: 1) Ability to continuously access medical stability of patients as hospital stays are markedly decreased—patients are more medically ill. 2) Excellent knowledge of post-operative complications. 3) Ability to use pulsed oximetry, doppler, pulsovac—high tech equipment. 4) Knowledge of the impact of managed care in rehabilitation.

#195: 1) Would strongly suggest visiting sub-acute rehab facilities—promote strong interdisciplinary teaming skills. 2) Emphasize the need for functional outcome measures in medical rehabilitation.

#196: Wound care, dressings, surgical procedures, injuries.

#200: Feel a strong pediatric course with clinical practice builds good handling techniques that can be utilized with almost all PT populations. A very important component of PTA education.

#200: Exposure to pediatrics including hands on opportunity.

#201: I feel as a former PTA that anatomy is just as important as knowledge of modalities and exercises. Congratulations for your program creation—good luck.

#201: We have a very strong direction and use of manual therapy unit's many forms—Counterstrain, MET (muscle energy technique), myofacial release. I find it more effective than the modalities about 80% of the time.

#210: 1) Experience with geriatrics. 2) Respect for and understanding of effects of aging—normal and abnormal. 3) Ability to manage behaviors associated with dementia.

#211: Aquatic therapy.

#222: Since the PTA would have to work independently in a patient's home, inventiveness and creativity would have to be imperative to use patient's own environment, "things," as equipment.

#223: Safety precautions for joint replacements; sterile and clean techniques; knowledge of neurology and working with CVA's; kinesiology; management of balance deficits; knowledge of disorders and injuries of the musculoskeletal system; knowledge of neuromuscular diseases; progress note and soap note instruction.

#225: Vestibular rehabilitation, TMJ.

#227: 1) Low to high level spinal stabilization exercises are given to all patients in our facility. 2) Posture, ergonomic, body mechanic guidelines.

#232: As health care changes, I think it would be helpful for PTA students to have a class or seminar on the reality of treating patients within the current environment; managed care, shorter lengths of stay, more doubling.

#233: In an orthopedic clinic, would be beneficial to know braces, for necks, knees, LS. Also beneficial to know surgical procedures; thus can know indications after surgery, i.e., Bristow, putti-plat, scopes, disectomy, fusion, etc. This is also important to educate patient and inform them.

#235: PTAs should possess a sound basis of hands on patient care and not feel stand offish. Proper set up of equipment is very important and should be stressed. Too many PTAs and PTs don't possess good fundamental skill when placing patients on equipment, i.e. cervical traction, pelvic traction, Cybex.

#236: As much pediatrics as possible—NOT gait training, mobility, sensorimotor, etc.

#239: General development, background information about school-based therapy versus medical model. Any possible pediatric training/experience.

#242: Since I do Home Health PT, I do not use many modalities except for U.S. and heat and cold. You need to be creative with home treatment programs and use the things that you have available to use.

#245: As PTs are getting bogged down with administrative issues and paperwork, PTA's are expected to be more responsible for patient care. As the cost of health care and reimbursement decreases, I think there will be an even greater demand for PTAs to be more highly qualified and to assume greater responsibility in the clinics.

#246: Procedures of home care, especially because there is very little supervision: different types of conflicts and problems in managing a home patient.

#253: Environmental safety is a big issue in home. Assessing competency of patient to perform activities independently.

#254: Our facility is an orthopaedic physical therapy private practice with a large part of patient care/Rx being manual techniques. We treat patients in a variety of ways but tend to follow the osteopathic model for somatic dysfunction(s). Evaluation and treatment may include; craniosteral, counterstrain/positional release, myofascial, muscle energy, maitland/oscillatory mobes, feldenkreis, strength and conditioning, etc...

#255: Cranio/sacral techniques (at least basic).

#260: Knowledge of pediatrics and school based therapy (educational model).

#263: 1) Behavioral problems associated with TBI. Also, depression, anxiety , or how to deal with other psychological problems that are associated with lifestyle changes due to any kind of injury. 2) Manual therapy.

#267: Encourage PTAs to become more active or participating with patient care as the(?) as progressing patient's exercise programs—as well as understanding reasons why.

#268: It may be beneficial to encourage students to be active participants as PTAs in patient's care instead of passively making sure a patient goes through a program.

#269: I would recommend all programs present American College of Sports Medicine Guidelines in exercise testing and prescription. These have been helpful to me no matter what setting I have practiced, i.e. Phase I/II cardiac rehab, gen. acute or ECF.

#269: Good understanding of geriatric pathophysiology and cardiopulmonary physiology.

#272: 1) Use of exercise equipment in gym—pulleys, cardiovascular equipment, free weights. 2) Manual traction.

Clinical Experience

#6: I feel students benefit from many clinical affiliations in many different settings.

#77: Prior to sending students on affiliation it would be good for your staff to offer educational inservices for the sites regarding your curriculum and your expectations for each affiliation.

#160: In the acute care setting, PTAs will be needed more and they should be able to adapt to an acute care environment. Therefore, I feel that there should be mandatory acute care affiliation.

#208: One day clinics are good if you can get affiliation sites.

#213: I feel that clinical experience is most important in a PTAs course of study. Most schools do not provide enough time for clinicals. PTAs after graduation will be expected to know far more than what was taught in college.

#223: PTA programs should include an adequate amount of time to allow for at least 3 varied clinical settings. The clinical instructors should provide a teaching and hands on experience for the PTA student, not just an observational experience. Students could be provided outlines/checklists of what each clinical setting could or should provide as an educational experience.

#238: Because PTAs in home health are almost always in home without other personnel for guidance and/or supervision, I feel they should have other clinical experience before doing home health. They have to know when to call/ask for help and when patient or family needs reassurance or other assistance.

#249: It is beneficial for PTAs to have a year's experience in a rehab facility or acute/ general setting before entering home care.

Communication and Documentation

#2: I think of greatest importance is the ability of the PTA to accurately inform the therapist of any problems or changes in a patient which require further attention.

#9: I know PTAs are not supposed to "evaluate" people, but I fail to see how one can treat and not evaluate informally and report evaluations accurately to the PT.

#25: Ability to promote PT and PTA profession in clinic—we are quickly eroding our profession by allowing other medical professions access to our scope of practice—particularly OTs.

#28: PTAs must be able to competently communicate with all team members, family and referring MD.

#37: Communications skills. Goal setting.

#53: Problem solving. Writing skills.

#54: I think that it is important to be knowledgeable on different kinds of documentation. All facilities document accordingly. Therefore it is important to have good documentation skills.

#59: Appropriate communication with supervising PTs.

#60: Able to read journal articles critically.

#76: Correct documentation is a must, so strong writing skills are highly recommended.

#92: PTAs have to occasionally discuss patient's progress with MDs or Rehab nurses. Ability to give patients objective feedback and use descriptive vs. judgmental language.

#94 Effective verbal/written communication skills, especially during conflict.

#154: Above describes skills well. PTA also needs to have good documentation skills.

#163: 1) Good time management skills and ability to balance multiple tasks and demands, 2) Basic computer skills a plus but not a necessity, 3) good documentation skills.

#167: Excellent interpersonal skills.

#168: Strong desire to give quality care, strive for kindness, a positive attitude, hopefulness with both patients and staff. Ability to communicate with other fields of medical care personnel.

#182: Be able to communicate to doctors written & verbal—some M.D.s need to know what is happening with patients.

#206: I was licensed in Ohio and PTAs were able to write assessments— PTAs are constantly assessing patients. Prepare future PTAs to assess and not be afraid to.

#207: Be respectful to all patients even when patient is improper and irrational. Don't work for any M.D. who receives profit from his referral.

#208: Exposure to patient care input.

#210: NEED GOOD WRITING SKILLS!

#210: Supervision of rehab aide very important. Communication as team member with aid and PT very important. Recognizing own interactive skills and how they affect others— Mini Meyers-Briggs enlightening. Appreciation and understanding of role of nursing and CNA's in patient care and smooth running of the day.

#232: Be able to interact well in interdisciplinary team, communicate well, be organized and be flexible are very essential skills to the department.

#261: Please encourage listening skills. Sometimes professionals are so caught up in the book work aspect of their jobs that they stop hearing what patients are saying with or without their words. Remember it's a profession of caring, and tolerance.

Desirable P.T.A. Qualities (Independence, Competence, Adaptability, etc.)

#18: An entry level PTA must be able to function independently as allowed by their licensure.

#19: PTAs should be encouraged to have a higher sense of professionalism. We do not need technicians; we need therapists who have good therapeutic skills, and who can consider themselves colleagues with the PTs with whom they work.

#28: PTAs must be able to quickly and appropriately adapt to rapidly changing situations within a treatment session and from session to session, and must be able to recognize the signs and symptoms of potentially life-threatening problems. Home patients are being seen when they are sicker and sicker.

#53: Do not accept students first come, first serve. Encourage 200 hours of volunteer work in therapy, good grades, and maturity.

#59: At my facility, PTAs are expected to act as and are treated as professional staff, not as technicians. It is important for PTAs to understand the implications/responsibilities of this role.

#63: Should be energetic person who shows own self initiative. Needs to be flexible and able to handle couple different patients at one time.

#76: As an outpatient rehab office with OT and SLP, there is rapport with other disciplines. Also, 1/2 day is spent on home visits, so the PTAs must be very independent.

#82: It is important to be willing to accommodate to change, as this frequently occurs with daily scheduling, as well as patient types. We are required to treat patients from neurologic to orthopedic diagnoses (all age groups), including the home health care setting.

#92: PTAs have to have good decision making skills in knowing when to progress a patient forward and knowing when to stop (when the patient has had enough). Good observational skills are important. Time management is also essential in a busy clinic. Knowledge of importance of functional abilities.

#110: I commend you on your questions and answers. Getting along with people and stimulating them to believe in themselves, and really believing they can help and heal themselves is truly what we are all working towards. Good luck on your program.

#130: The ability to work independently.

#130: Have the students speak with as many graduates as possible.

#144: Best wishes. Suggest emphasizing focus on patient/family needs and their (customer) satisfaction as well as the PT "mission."

#146: Good work habits, professionalism.

#147: As a PTA you are being supervised by a PT. The PT may be younger than you are but deserves respect and your cooperation.

#158: Ability to deal with various psychological issues, ability to prioritize caseload and patient activities.

#174 Simultaneously treat patients.

#182: The more exposure your students can get before entering the program the better—3 of my classmates graduated and now realize they do not like PT. Require volunteer time—or even require students to work as PT Aides for a while.

#186 Time management skills.

#198: The ability to apply what one has/is learning.

#207: 1) Consider continued education very important, especially anatomy and physiology. 2) Contribute to APTA and hold offices.

#210: Time management.

#221: Take direction from PT but work independently.

#230: Ability to "connect" display of <u>excellent</u> relational skills, <u>analytical thinking skills.</u>

#235: Ability to treat multiple patients (2) at a time.

#250: Creativity when equipment is not available, ability to work in limited space, train caregivers.

#251: An entry level PTA should have some concept of time-management skills and multiple patient management skills. PTAs need to be able to work with at least 2 patients or more in a given time period (1 hr.). This skill needs to be developed by the PTA on his/her clinical affiliations.

#259: Time management skills, multiple patient workload capability (within reason).

Reimbursement issues

#12: Rudimentary knowledge of reimbursement issues is vital in today's healthcare environment. It is crucial that PTs, PTAs know the hows, whys, in's and out's of negotiating payment for services.

#92: Knowledge of different coverages by insurance companies is essential.

#133: Should have some knowledge of the overall health care climate and how PT fits into this, as well as some exposure to insurance and reimbursement trends. (APTA of MD has given presentations to other schools on these topics and provides much of this information during the student conclave which is held in conjunction with the MD annual conference.)

#140: Students should be exposed to different payment sources, ex: Medicare, Medicaid, private and other Insurances, knowing how or why payment status may affect duration and frequency of his or her treatment would assist them in their specific clinical setting.

#144: Exposure to the rapidly changing practice environment where PT intervention may be limited by 3rd party payor decisions. Thus awareness of benefit limitations, critical care pathways and how to inform patient of further needs and how to address them will be vital.

#195:) Contact Rehab Directors—research changes in medical rehab with DRG and PPS payment systems.

#210: Understanding of MEDICARE system and documentation requirements for reimbursement (we provide additional training).

#233: Educate on insurance reimbursement changes, i.e. - in school we learn to use moist heat/cold pack w/modalities; however, insurance does not pay.

#245: PTAs should also be familiar with billing procedures, and especially insurance reimbursement factors—how to bill and how to document appropriately. Also, they need to be able to function more independently than in the past because of the current Health Care situation.

Legal and licensure issues

#25: Would like to see PTAs change from every 10th visit supervision to perhaps every 60 days compatible with Medicare recertification periods. Would also like to see part-time or easy path for PTAs. To gain PT license access rather than having to go through entire entry PT program.

#77: Good understanding of the law re: PTA practice. Good ability to promote PT/PTA relationship on own (asking for re-eval, offering to switch patients, etc. Flexibility for above. Have a plan of care for general problem list (i.e., balance, strengthening, etc.).

#102: Solid complete understanding of the law in this state, and the ability to clarify for the employee/staff PTs what PTAs are legally permitted to do. PTAs must be equipped by the school and willing to take the responsibility to practice only within their scope of practice. The ultimate protection of their right to practice is the PTA's responsibility.

#129: 1) Role delineation between PT/PTA and OT/PT in general, 2) Knowing when they are in "over their head" and to refer back to a PT.

#158: Good knowledge of laws governing practice in this state.

#206: I believe that calling a PTA a physical therapy assistant vs. physical therapist assistant takes away from the individual and wrongly represents the PTA's ability to function as a therapist. Consider this when addressing the PTA.

#209: More schools need a bridge program from PTA to PT licensure.

#233: We have 2 aides that would love to go to PTA school - Good luck with your program! Would feel it most beneficial for our profession for therapy assistant classes to be set up for a student to return to PT BS/MA level without taking the same class over, i.e. modalities, ambulation, documentation, measurements, etc.

#242: With doing Home Health PT and the way the law is written in MD, I need to coordinate with the PT to see each patient between their 6th & 10th visit. At that time the PT will re-eval patient and change program plan if additional instructions need to be implemented.

#264: Understand limitations of licensure and the temptation to exploit them or misuse them.

PTA Limitations and Obstacles

#10: The problem with PTAs in health care is not lack of knowledge about the above requirements—but the lack of medical background to handle patients with multiple conditions and medications unsupervised (directly).

#10: I really feel that PTAs do not belong in the home care setting. There are too many variables when the patients are often acutely ill after early release from hospital. It is not possible to adequately supervise PTAs in the home care setting.

#62: My practice is limited to testing procedures only and therefore not appropriate for a PTA.

#91: I am not an advocate for the use of physical therapy assistants. Thank you.

#102: I have answered this based on what I would expect of a PTA new to home health. To be honest, I don't believe this area of practice is where a new grad belongs—they need 2-3 years of good d'nurse experience in acute care or mix of acute/rehab/outpatient before going to home health.

#104: Prepare these students for the reality that with managed care growing in MD and multiple new schools (PTA) opening in MD that the job market in terms of opportunities, openings, and salary may be much different by the time they graduate. Their expectations need to be reality based. They may have to move to find jobs.

#106: As an acute care facility in DC we do not officially employ PTAs—as they are not recognized for licensure here. However, we do take an occasional PTA student on affiliation and find them a valuable addition to our staff and clinic. The outlook for employing PTAs as such is, however, bleak.

#122: The agency does not use entry level PTAs in the home health setting.

#129: Inservice PTs on PTA training so we feel comfortable trading off PTs to them. I believe they are invaluable, but some older staff may not appreciate their abilities.

#137: I have problems in using PTAs because they are not able to perform manual techniques including Myofacial release, MOBs, and cranial sacral techniques. Usually, a PTA's knowledge of anatomy, physiology, neurophysiology and kinesiology are sub-standard.

#142: I believe what you listed couldn't be done in 2 years and if it was, retention would be questionable.

#166: I have significant concerns about the number of new PTA programs being established in MD, particularly with regards to affiliation and employment placement. I hope that these concerns are being addressed and that solutions to these concerns might be provided to those professionals already in the field.

#175: I do not feel a brand new graduate should consider the field of home health unless the PT staff is available to closely monitor and many co-treatments (which usually isn't the case). But I do feel those PTA students interested in home health should be allowed to do a clinical affiliation with a home health agency so they get some exposure to that environment. Good luck with the program!

PTA advantages and opportunities.

#12: I have currently been in this position about 10 months. I would very much like to be able to have student affiliations in the next year.

#27: I wanted to add that we do not have PTA on staff due to shortage of PTAs in the area. Employing a PTA would greatly enhance our rehab team.

#55: We are happy to know that new programs for PTA are starting in nearby areas. It has almost been impossible in the past to find a PTA. Please send information on student application, etc.

#75: I have a private practice in Silver Spring, MD, which primarily performs services to patients in their homes. I do not have many patients come to me (my office is at my home). Maybe in the future I would be able to employ a PTA who wanted to do home care PT. It is difficult to tell at this time.

#82: [We offer a] potential clinical affiliation site.

#88: If you need clinical sites, please do not hesitate to contact me. Can you also please send a package of yours to me?

#107: I found that working with assistants was extremely helpful and the assistants I have worked with were very professional and quite capable.

#125: Our company provides rehab in long term care facilities, many of which have short term units that DIC 2-6 weeks. If you need affiliation sites we have an active student program.

#142: I could use an assistant in my office. Good luck with your endeavors.

#148: I wish you success. PTAs are needed to help the profession meet the challenges of providing high quality treatment. If the PT profession can't meet the needs, other disciplines will take over certain areas. They probably won't have same professional philosophy of care. I see role of PTA expanding to help meet needs.

#151: I do not know much about your program, but I hope that you provide clinical affiliations. Our clinic may be interested in participating in such a program. Feel free to contact us if there is an interest.

#168: Good luck and I wish you well. We need another PTA college in the state.

#181: Good luck! We would be interested in serving as an affiliation site. Director of Rehab interested in serving as visiting instructor (as are other staff).

#211: We would love to have your students affiliate with our facility.

#231: This PT is employed by a Rehab agency which contracts PT, OT & SLP to nursing homes. Agency is currently expanding its involvement with student programs.

#239: Make students aware of needs/opportunities in school system.

#257 I work in a private practice PT facility, as clinician/supervisor. At this point the demographics and profile of our practice allows us the luxury of one on one Physical Therapist to patient, hands on work, leaning heavily on aides to keep us going. I know that the participation of PTAs is a valued association within our profession. I wish your curriculum well. P.S. Our aides' work is truly aides' duties, and in no way approach the duties and functions of a PTA.

#260: We have one PTA—she is excellent!! Problem in hiring more is supervision—my staff does not have the time for supervision unfortunately.

Miscellaneous Comments

#20: I have not worked with any PTAs for over 10 years; therefore, I've decided not to complete the questionnaire.

#22: The above pretty much covered things.

#32: Your list is very complete and comprehensive. If you develop a program that satisfies all areas, you should produce highly qualified physical therapy assistants.

#32: I have completed this form based on my experience since 1951. My answers are based on physical therapy assistants that were employed in my practice. I have been retired for a little over five years, but the qualifications of good personnel remains constant for my associates who still maintain a healthy practice.

#48: We would train them.

#57: I must add—that I am an employee working in the school system—NOT an employer of PT services. These ideas are mine based on 25 years working with students with disabilities in the classroom.

#58: We do home visits and work with families or work in toddler groups. So far, we have not incorporated PTAs into our functions for infant/toddlers. However, preschool and above has used them in the school setting.

#72: Thank you for implementing a PTA program!

#89: We are a clinical affiliation with Loma Linda University PTA Program. We also serve University of Maryland Student-Athlete Mentorship Program.

#97: This is a private practice specializing in women and children. Specialized knowledge necessary.

#98: We do not employ PTAs, so I cannot accurately complete this survey.

#100: Best wishes for the Program!

#105: Please call us if you ever need competent speakers in the areas of Pediatric or Adult Neuro topics. We have at least 5 of our therapists certified in NOT & SI.

#110: I've never really worked with a PTA. I have met only 2, and they appeared to be very professional.

#124: Good Luck.

#125: Much of this survey was very pertinent to my PT environment. We work in a very small space, with very little equipment and rely on our imagination to get things done and keep patients motivated. If your curriculum provides most of what is above, then you should be producing well prepared PTAs.

#128: Sorry I do not employ PTAs. [This] is a consulting business, not treatment based.

#138: Noble endeavor—good luck.

#146: Interesting survey.

#149: Best of luck on the program!

#164: The survey is very complete!

#177: Admission to the program controlled by the PTA program, not controlled by Allegany College Admissions.

#178: Good Luck!

#180: Seems like a very well-rounded program.

#189: We have not used the ACC PTA graduates in our facility. However, any PTA working in our facility would need to have knowledge/skills in the areas noted to function effectively.

#198: Good Luck!

#216: You've covered it well.

#216: Thanks for asking!

#227: This appears to be a very well thought out questionnaire. Congrats!! Please feel free to contact me should you like any further information.

#230: Good luck!

#238: Good luck with your program.

#243: I am a recent graduate of a master's program in physical therapy and I am soon to be employed by a private practice in Virginia (beginning mid-July). My answers to the above questions are based on my assessment of the practice setting in which I will be working, not on personal experience. Good luck with your survey and with the development of this needed program!

#248: At this time, the home care agency employs 1 PTA who is per diem. The function of a salary PTA would differ slightly.

#256: I am a part time employee at a hospital—only 10 hrs/wk.